## PATENT APPLICATION FEE DETERMINATION RECOR

Application or Docket Number 10/52752-5

CLAIMS AS FILED - PART I										1750525				
SMALL EN									ENTITY			OTL	IED T	
U.S. NATIONAL STAGE FEES			(Co	(Cotumn 1)		(Column 2)		TYPE				OTHER TH R SMALL ENT		AN
	SIC FEE				_			RATE	F	EE		RATE		FEE
EX	AMINATION	ECC		SMALL ENT. = \$ 150 Satisfies PCT Article 33(1)		LARGE ENT. = \$ 300		BASIC FEE			OR	BASIC FEE		
$\vdash$			(4) = 1	(4) = \$50 /\$ 100 U.S. is ISA = \$50 /\$ 100 ALL other countries = \$200 /\$ 400		other situations = \$ 100 / \$ 200	7	EXAM FEE	1			EXAM. FEE	-12	90
SE	ARCH FEE .	·	. All other			All other situations = \$ 250 / \$ 500		SEARCH FE	_ -	$\dashv$			12	00
FEE	FOR EXTR	A SPEC. PGS.		minus 100 =		/50=	$\dashv$	<b> </b>		_		SEARCH FE	₹ 4	OP
TOT	AL CHARGE	ABLE CLAIMS	<del></del>	3/ minus 20 = .		1./	4	X \$ 125 =	┺			X \$ 250	=	
IND	EPENDENT (	CLAIMS		/O minus 3 =		7	X\$25 =		<u> </u>		OR	X \$ 50 =	5	50
MUL	TIPLE DEPE	NDENT CLAIM P	_1_/	/ ~			X\$100 =				OR	X \$ 200 =	= 14	400
_					<del>.</del> _	U		+\$ 180 =		7	OR	+ \$ 360=		
	If the difference in column 1 is less than zero, enter "0" in column 2										R	TOTAL	28	50
Æ	· 4	CLAIMS AS								<u> </u>				
<u>ح</u>	3 / 0 0 6 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	. 0	R	OTHER SMALL	THAN	
< │		REMAINING AFTER		HIGHES NUMBE	R	PRESENT			ADDI	<b>-</b> ,	· _	SIMACL	_	
AMENDMENT	Falat	AMENDMENT		PREVIOUS PAID FO		EXTRA		RATE	TION	6		RATE	ADI	VAL
S .	Total	3/	Minus	" 3/		=		X\$25=			$\frac{1}{2}$	X \$ 50 ≃	FE	
` <b> </b> -	ndependent	10	Minus	··· / (	- 1	=		X \$ 100 =			-	× \$ 200 =	}—	-
上	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OF	$\vdash$		<del> </del>	$\dashv$
									<del></del>	OF	<u>_</u>	\$ 360 =	<u> </u>	_
		(Column 1)						FEE [		J 0"	•	FEE	<u> </u>	
T		CLAIMS REMAINING		(Column 2	2)	(Column 3)	r	·		_		•		
To		AFTER AMENDMENT	:	NUMBER PREVIOUSI PAID FOR	Y	PRESENT EXTRA		RATE	ADDI- TIONAL FEE			RATE	ADDI TIONA FEE	IL.
$\vdash$	olai		Minus ·	**	_ =		$\cdot \Gamma$	X \$ 25 =		OR	X	\$ 50 =		$\dashv$
$\Gamma$	dependent		Minus .	***	=		7	X \$ 100 =		OR	├-	\$ 200 =		-1
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				M		T,	\$ 180 =		OR	<u> </u>	\$ 360 =		-  .
	TOTAL ADD								·	OR	L	AL ADDIT.		4
								- L	-	1		FEE _		$\dashv$
" If the	"Highest Num	in 1 is less than the ober Previously Paid ber Previously Paid ber Previously Paid F er Previously Paid F	FOR IN THIS SPA	CE is less than	'20', er		he ap	propriate box in	Column 1.	:				